ORIGINAL ARTICLE

Effectiveness of propanolol for treatment of infantile haemangioma

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INTRODUCTION

Infantile haemangiomas (IH) are the most common benign tumours in children. They are characterised by rapid growth during the first year of life followed by spontaneous regression during childhood. Indications for treatment are functional impairment, bleeding/ulceration, rapid growth and severe aesthetic risk. Recently, systemic treatment with propranolol has become the first-line therapy. The objective of this study was to assess the efficacy of propranolol in the treatment of IH and to investigate whether treatment with a low dose of 1 mg/kg/day was sufficient.

MATERIAL AND METHODS

This study was retrospective and based on a review of children treated for IH with propranolol from the 2010-2012 period at Rigshospitalet.

RESULTS

Overall, propranolol was effective in all but one child (97%). The majority of the children (84%) were treated with an initial dose of 1 mg/kg/day, which was considered sufficient in most cases (71%). Children who started treatment before five months of age had a significantly better response than children who started treatment at a later age. No relation was found between location of IH and the effect of treatment. There were only few and mild side effects.

CONCLUSION

Propranolol is effective in the treatment of IH and it has only few and mild side effects. In most cases, a low dose of 1 mg/kg/day was sufficient. Early initiation of treatment is recommended as the response to treatment was better in younger children and because early initiation helps prevent large residual changes.

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TRIAL REGISTRATION

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ORIGINAL ARTICLE

Identification of patients with incident cancers using administrative registry data

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INTRODUCTION

On-time identification of incident cancer patients is important in cancer research to ensure quality in cancer treatment and care. Nevertheless, the Danish Cancer Registry (DCR) is updated on an annual basis rather than continuously, and no standardised algorithm exists to enable sampling from administrative data which are updated on a monthly basis. The aim of this study was to develop and validate an algorithm for on-time sampling of incident cancer patients based on administrative data.

MATERIAL AND METHODS

The study was based on registry and questionnaire data from incident cancer patients' general practitioners (GPs). An algorithm for on-time sampling of incident cancer patients was developed and validated in 2008 (12,747 patients) and further developed and validated in 2010 (7,996 patients). Questionnaire data from the GPs and data from the DCR were used as golden standards. The completeness over time of the 2010 cohort was evaluated.

RESULTS

Further development of the 2008 algorithm into the 2010 algorithm increased its positive predictive value (PPV) to 95.0%. The PPV of a patient from the 2010 cohort being registered in the DCR was 97.4%. The 2010 algorithm displayed a completeness of 60% in the first month and 95% after four months.

CONCLUSION

Avalid and cost-saving algorithm for on-time sampling of incident cancer patients has been developed with great potential for research and quality assurance.

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